

3260.0047

JBF/MTS/SJA

PLEASE STAMP TO ACKNOWLEDGE RECEIPT OF THE FOLLOWING:

Application of: John Ernest SIMS

Serial Number: 09/612,921

Group Art Unit: 1645

Filed: July 10, 2000

Examiner: Unassigned

For: IL-1 DELTA DNA AND POLYPEPTIDES

Papers Submitted:

1. Request for Second Corrected Filing Receipt (w/ copy of Filing Receipt w/corrections)
2. Information Disclosure Statement w/PTO Form 1449 and Four (4) Documents

Dated: October 16, 2000

Case Ref.: 3260.0047-00

Attorney: S. Arrigo



(Due: N/A)
(Return to K. Smith/MD 322)

OCT 16 2000

DATED 10-17-00 B

NOV 07 2006

Attorney Docket No. 22600-0047-00

cket No. 22600/2000
TECH CENTER 2600.004

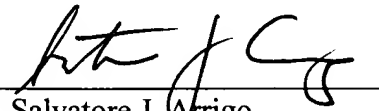
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Serial No.: 09/612,921
Atty. Docket No. 3260.0047-00

It is respectfully requested that a corrected Filing Receipt be issued as soon as possible.

Respectfully submitted,

FINNEGAN, HENDERSON, FARABOW,
GARRETT & DUNNER, L.L.P.

By: 
Salvatore J. Arrigo
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Bib Data Sheet

SERIAL NUMBER 09/612,921	FILING DATE 07/10/2000 RULE -	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 03260.0047
APPLICANTS John E. Sims, Seattle, WA ;				
** CONTINUING DATA ***** THIS APPLICATION IS A CON OF PCT/US99/00514 01/08/1999 WHICH CLAIMS BENEFIT OF 60/071,074 01/09/1998 AND CLAIMS BENEFIT OF 60/087,393 06/01/1998 OK SEP 6/22/01 ** FOREIGN APPLICATIONS ***** none SEP 6/22/01				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/21/2000 -				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Allowance <u>SEP</u> Acknowledged Examiner's Signature <u>SEP</u> initials		STATE OR COUNTRY WA	SHEETS DRAWING -	TOTAL CLAIMS 29 INDEPENDENT CLAIMS 6
ADDRESS Finnegan Henderson Farabow Garrett & Dunner LLP 1300 I St N W Washington ,DC 20005-3315				
TITLE IL-1 delta DNA and polypeptides				
FILING FEE RECEIVED 1086	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

